Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).				Complete if Known			
FEE TRANSMITTAL				Application Number 10/5		0/552,410	
For FY 2009				Filing Date 10/7/20		<u> </u>	
				First Named Inventor Takehit		to Nakayama	
Applicant claims small entity status. See 37 CFR 1.27				Examiner Name Kimbe		perly Keil McClelland	
				Art Unit 1791			
TOTAL AMOUNT OF PAYMENT (\$) 1300.00			00 /	Attorney Docket 1217 - 0		052834	
METHOD OF PAYM	ENT (check all t	hat apply)					
Check Cre	edit Card 1	Money Order	None	Other (ple	ase identify):		
Deposit Account	Deposit Account	Number:	23-0650	Deposit A	ccount Name:		
For the above	e-identified depos	it account, the I	Director is he	reby authorized t	o: (check all th	at apply)	
Charg	e fee(s) indicated b	pelow		Char	ge fee(s) indicat	ed below, except for the	he filing fee
Charg	e any additional fe 37 CFR 1.16 and 1	e(s) or underpayi	ments of fee(s) Cred	it any overpaym	ents	
WARNING: Information of			ard informatio				0
information and authorizati	on on PTO-2038.						
EE CALCULATION	(All the fees bel	ow are due upo	n filing or i	nay be subject to	a surcharge.)	
1. BASIC FILING, S	•			FG	m.,	DO.	
	FILING FE Small	ES S. <u>Entity</u>	EARCH FE Small E		IINATION FEI Small Entit		
Application Type		e (\$) Fee				_	Paid (\$)
Utility	330 8	32 54	0 270	220	110		
Design	220 1	10 10	00 50	140	70	· · · · · · · · · · · · · · · · · · ·	
Plant	220 1	10 33	0 165	5 170	85		——————————————————————————————————————
Reissue	330 1	65 54	0 270	650	325	**************************************	
Provisional	220 1	10 0	0	0	0		
2. EXCESS CLAIM	FEES						Small Entity
Fee Description						Fee (\$)	Fee (\$)
Each claim over 20 (including Reissues) 52							26
Each independent claim over 3 (including Reissues) 220							110
Multiple dependent cla						390	195
		xtra Claims	Fee (\$)	Fee Paid	<u>(\$)</u>		Dependent Claims
HP = highest number of	<u>27</u> =	if greater than 20	0	_ =0		<u>Fee (\$)</u>	Fee Paid (\$)
						0	0
		xtra Claims	Fee (\$)	Fee Paid	<u>(\$)</u>		
HP = highest number of	independent claims p	0 x	0 nan 3	_ =0			
3. APPLICATION S	IZE FEE						
If the specification	and drawings ex	ceed 100 sheets	of paper (ex	cluding electroni	cally filed sequ	ence or computer list	ings under
See 35 U.S.C.	e)), the application 41(a)(1)(G) and 3	37 CFR 1.16(s).	Φ 2/U (\$135	ior small entity)	or each addition	onal 50 sheets or fracti	on thereof.
Total Sheets	Extra Sheets		iber of each	additional 50 o	r fraction ther	eof Fee (\$)	Fee Paid (\$)
- 100	=	/ 50 =		(round up to a whol	le number)	х	-
4. OTHER FEE(S)							Fees Paid (\$)
Non-English Spe	=	30 fee (no smal	-	•			
Other (e.g., late f	iling surcharge):_	Extension of Ti	me Fee \$490	; Req. for Contin	ued Examination	on Fee \$810	\$1300.00
SUBMITTED BY							
	K. F.	E Bulda	mel	Registration 1	No.		
Signature			7	(Attorney/Ag		6 Telephone	412-471-8815
Name (Print/Type)	Kent E. Balda	auf	/			Date M	ay 4, 2009